

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/08/2011	
NAME OF PROVIDER OR SUPPLIER KEEPSAKE VILLAGE OF COLUMBUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2564 FOXPOINTE DR COLUMBUS, IN47201			
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R0000	<p>This visit was for the investigation of complaint number IN00090568.</p> <p>Complaint number IN00090568 - Substantiated, No deficiencies related to the allegations are cited.</p> <p>Unrelated State Residential Finding cited.</p> <p>Survey Dates: June 6, & 7, 2011</p> <p>Facility number: 010680 Provider number: 010680 AIM number: N/A</p> <p>Survey team: Janie Faulkner RN</p> <p>Census bed type: Residential: 34 Total: 34</p> <p>Census payor type: Other: 34 Total: 34</p> <p>Sample: 3</p> <p>This State Residential finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 6/10/11 Cathy Emswiller RN</p>			R0000	<p>Submission and implementation of this plan of correction shall not constitute an admission by Keepsake Village of Columbus to any allegations or conclusions within the survey report. Rather, this plan of correction is submitted for compliance with state and federal rules.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0410	<p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to ensure that 3 of 3 residents reviewed for tuberculosis mantoux testing in a sample of 3, received a tuberculosis mantoux test on or prior to admission. (Resident # A, # B, and # C)</p> <p>Findings included:</p> <p>1. Review of Resident # A's clinical record on 6/6/2011 at 11:25 am, indicated the resident was admitted with, but not limited to the following diagnoses: Alzheimer's dementia, anxiety disorder, hypothyroidism, Type II diabetes, hypertension, and chronic kidney disease.</p>			R0410	<p>Resident A and C mantoux tests will be re-initiated. They will receive a 1st step mantoux and 1 to 3 weeks later, will receive a 2nd step mantoux test. Resident B has a 1st step and a 2nd step mantoux completed; however, it was given 2 days after admission. To correct deficiency for resident B, a nursing inservice was held on 6/16/11 on policies and procedures on TB testing, which indicates that TB testing shall be completed with three months prior to admission or upon admission and read within 48 to 72 hours. The inservice also outlined that TB testing will be done upon admission for all new residents, if</p>		07/06/2011

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	<p>Resident # A was admitted to the facility on 10/9/2010. Review of her "Vaccination and TB [tuberculosis] Screening Record" indicated that the resident received a TB mantoux skin test on 10/9/10 in her RA[right arm] which was documented as read on 10/12/10 with 0 mm of induration.</p> <p>On 6/6/2011 at 2:30 pm, in an interview with the executive director, she indicated that she could not find a 2nd step TB mantoux test for Resident # A. "We must have missed doing it."</p> <p>2. Review of Resident # B's clinical record on 6/7/11 at 11:30 am, indicated the resident was admitted with, but not limited to the following diagnoses: Senile dementia and hypertension.</p> <p>Resident # B was admitted to the facility on 9/25/2010. A review of her "Vaccination Record and TB Screening (Mantoux Skin Test)" indicated that Resident # B received a TB mantoux test on 9/27/10 in her LFA[left forearm]. There was no documented date as read and no results documented. On 10/12/10 a 2nd step TB mantoux test was given in the RFA[right forearm]. Her 2nd step TB mantoux test was read on 10/15/10, with 0 mm as documented result.</p>		<p>residents have not had one completed within 3 months prior to admission. The facility will identify other residents having the potential to be affected by auditing all residents' charts via QA process to ensure that all TB testings were given timely and read timely. If other residents are affected by the deficient practice, mantoux tests will be re-initiated and facility will repeat 1st and 2nd step testing for those residents. Facility will implement the following systemic changes to ensure that deficient practice does not recur.1.) Add TB testing to be monitored via QA process to ensure follow-up for all residents.2.) All nursing staff inservice completed 6/16/11 to review policies and procedures of TB testing.3.) Implement PPD calendar tracking system for staff to track all PPD's efficiently.4.) Nursing staff will chart PPD's given and read in the nurse's notes, on the Medication Administration Record, and on the TB testing form provided by the facility, timely and accurately. The corrective actions/tracking system will be monitored daily by the Director of Nursing to ensure that PPD's are being done correctly and timely. Director of Nursing will include PPD testing reports in infection control QA process and they will be reviewed monthly in the QA meeting on an on-going basis. Systemic changes will be</p>		

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	<p>On 6/7/11 at 3:15 pm, in an interview with the Executive Director and the ADON[assistant Director of Nursing], the Executive Director stated, "the resident's TB mantoux test was given 2 days after admission." "There was no one in the building certified to give the resident a 1st step TB mantoux test." "The DON was out of town and the ADON was not working at the facility at that time."</p> <p>3. Review of Resident # C's clinical record on 6/6/11 at 11:30 am, indicated the resident was admitted with, but not limited to the following diagnoses: Frontal temporal dementia, behavior disorder, and malignant melanoma.</p> <p>Resident # C was admitted to the facility on 1/14/2011. A review of his "Vaccination Record and TB Screening (Mantoux Skin Test)" indicated that Resident # C received a TB mantoux test on 12/29/10 in his LFA. There was no documented date as read and no results were documented. On 1/12/11 a 2nd step TB mantoux test was given in the resident's LFA. The 2nd step TB mantoux test was documented as read on 1/14/11 with 0 mm induration.</p> <p>On 6/7/2011 at 3:00 pm, in an interview with the DON regarding TB mantoux test</p>				completed by 7/6/11.		

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	given 12/29/10, but unable to find documentation as to date read and results. The DON indicated that the resident's wife took him home before it was time to read his TB mantoux test. The resident's wife brought him back to the facility on 1/12/2011.						